

Pharmacy Update on Prior Authorization Programs

Effective November 14, 2013, the Medicaid Fee- for- Service program will institute a Dose Optimization initiative. Dose optimization can reduce prescription costs by reducing the number of pills a patient needs to take each day. The Department has identified drugs to be included in this program, the majority of which have FDA approval for once-a-day dosing, have multiple strengths available in correlating increments at similar costs and are currently being utilized above the recommended dosing frequency. Prior authorization will be required to obtain the following medication beyond the following limits:

Dose Optimization Chart

Cardiovascular

Angiotensin Receptor Blockers (ARBs)

| Brand Name | Dose Optimization Limitations | | |
|--------------------------|-------------------------------|--------|--|
| Benicar 20mg | 1 daily | Tablet | |
| Micardis 20mg, 40mg | 1 daily | Tablet | |
| Diovan 40mg, 80mg, 160mg | 1 daily | Tablet | |

ARBs/ Calcium Channel Blockers

| Brand Name | Dose Optimization Limitations | | |
|-----------------|-------------------------------|--------|--|
| Exforge 5-160mg | 1 daily | Tablet | |

ARBs/ Diuretics

| Brand Name | Dose Optimization Limitations | | |
|-----------------------------------|-------------------------------|--------|--|
| Benicar HCT 20-12.5mg | 1 daily | Tablet | |
| Diovan HCT 80-12.5mg, 160-12.5mg | 1 daily | Tablet | |
| Edarbyclor 40-12.5mg | 1 daily | Tablet | |
| Micardis HCT 40-12.5mg, 80-12.5mg | 1 daily | Tablet | |

Beta Blockers

| Brand Name | Dose Optimization Limitations | | |
|-----------------------------|-------------------------------|--------|--|
| Bystolic 2.5mg, 5mg, 10mg | 1 daily | Tablet | |
| Coreg CR 20mg, 40mg | 1 daily | Tablet | |
| Toprol XL 25mg, 50mg, 100mg | 1 daily | Tablet | |

HMG Co A Reductase Inhibitors

| Brand Name | Dose Optimization Limitations | | |
|-------------------------|-------------------------------|--------|--|
| Crestor 5mg, 10mg, 20mg | 1 daily | Tablet | |

Central Nervous System

Anticonvulsants - Second Generation

| Brand Name | Dose Optimization Limitations | | |
|---|-------------------------------|---------|--|
| Lyrica 25mg, 50mg, 75mg, 100mg, 150 mg, 200mg | 3 daily | Capsule | Electronic bypass for diagnosis of seizure disorder identified in medical claims data. |
| Lyrica 225mg, 300mg | 2 daily | Capsule | |

| Antipsychotics- Second Generation | | | |
|--|-------------------------------|---------|---|
| Brand Name | Dose Optimization Limitations | | |
| Abilify 2mg | 4 daily | Tablet | In the case of dose titration for once daily medications, the Department will allow for multi-day dosing (up to 2 doses/daily) for titration purposes for 3 months. |
| Abilify 5mg, 10mg, 15mg | 1 daily | Tablet | |
| Invega 1.5mg, 3mg | 1 daily | Tablet | |
| Latuda 20mg, 40mg, 60mg | 1 daily | Tablet | |
| Seroquel 25mg, 50mg, 100mg, 200mg | 2 daily | Tablet | |
| Seroquel XR 50mg, 150mg, 200mg | 1 daily | Tablet | |
| Symbyax 3-25mg, 6-25mg, 12-25mg | 1 daily | Capsule | |
| Zyprexa Zydis 5mg, 10mg | 1 daily | Tablet | |
| CNS Stimulants | | | |
| Brand Name | Dose Optimization Limitations | | |
| Concerta ER 18mg, 27mg | 1 daily | Tablet | |
| Focalin XR 5mg, 10mg, 15mg, 20mg | 1 daily | Capsule | |
| Metadate CD 10mg, 20mg | 1 daily | Capsule | |
| Provigil 100mg | 1 daily | Tablet | |
| Ritalin LA 10mg, 20 mg | 1 daily | Capsule | |
| Vyvanse 20mg, 30mg | 1 daily | Capsule | |
| Other Agents for Attention Deficit Hyperactivity Disorder (ADHD) | | | |
| Brand Name | Dose Optimization Limitations | | |
| Intuniv 1mg, 2mg | 1 daily | Tablet | |
| Strattera 40mg | 1 daily | Capsule | |
| Sedative Hypnotics | | | |
| Brand Name | Dose Optimization Limitations | | |
| Lunesta 1mg | 1 daily | Tablet | |
| Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) | | | |
| Brand Name | Dose Optimization Limitations | | |
| Effexor XR 37.5mg, 75mg | 1 daily | Capsule | In the case of dose titration for once daily medications, the Department will allow for multi-day dosing (up to 2 doses/daily) for titration purposes for 3 months. |
| Pristiq ER 50mg | 1 daily | Tablet | |
| Selective Serotonin Reuptake Inhibitors (SSRIs) | | | |
| Brand Name | Dose Optimization Limitations | | |
| Lexapro 5mg, 10mg | 1 daily | Tablet | In the case of dose titration for once daily medications, the Department will allow for multi-day dosing (up to 2 doses/daily) for titration purposes for 3 months. |
| Viibryd 10mg, 20mg | 1 daily | Tablet | |
| Endocrine & Metabolic | | | |
| DPP-4 | | | |
| Brand Name | Dose Optimization Limitations | | |
| Januvia 25mg, 50mg | 1 daily | Tablet | |
| Onglyza 2.5mg | 1 daily | Tablet | |
| TZDs | | | |

| Brand Name | Dose Optimization Limitations | | |
|---|-------------------------------|---------|--|
| Actos 15mg | 1 daily | Tablet | |
| Actoplus Met XR 15-1000mg | 1 daily | Tablet | |
| Gastrointestinal | | | |
| Proton Pump Inhibitors | | | |
| Brand Name | Dose Optimization Limitations | | |
| Dexilant 30mg | 1 daily | Capsule | |
| Nexium 20mg | 1 daily | Capsule | |
| Prevacid DR 15mg | 1 daily | Capsule | |
| Renal and Genitourinary | | | |
| Urinary Tract Antispasmodics | | | |
| Brand Name | Dose Optimization Limitations | | |
| Detrol LA 2mg | 1 daily | Capsule | |
| Enablex 7.5mg | 1 daily | Tablet | |
| Toviaz ER 4mg | 1 daily | Tablet | |
| Vesicare 5mg | 1 daily | Tablet | |
| Non Ergot Dopamine Receptor Agonists | | | |
| Brand Name | Dose Optimization Limitations | | |
| Requip XL 2mg, 4mg, 6mg | 1 daily | Tablet | |

Updated 10/25/13

Please note that PA requirements are not dependent on the date a prescription is written. New prescriptions and refills on existing prescriptions require PA even if the prescription was written before the date the drug was determined to require PA.

To obtain a prior authorization (PA), please call the prior authorization Clinical Call Center at (877) 309-9493. The Clinical Call Center is available 24 hours per day, 7 days per week with pharmacy technicians and pharmacists who will work with you, or your agent, to quickly obtain PA.

Medicaid enrolled prescribers with an active e-PACES account can initiate PA requests through the web-based application PAXpress®. The website for PAXpress is <https://paxpress.nypa.hidinc>
Communications regarding specific messaging for pharmacies will be distributed in a subsequent notification.